

Supplemental Independent Expenditure Report

Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period
from 10/19/14
through 12/31/14

Date Stamp

City Clerk's Office

FEB - 2 2015

RECEIVED

CALIFORNIA
FORM 465

Page 1 of 3

For Official Use Only

☐ Amendment (Explain Below)Date of election if applicable:
(Month, Day, Year)

11/4/14

Committee/Filer Information

I.D. NUMBER (If recipient committee)

1372214

COMMITTEE/FILER'S NAME

Committee to Support Grilli and Lalwani for City Council 2014

STREET ADDRESS (NO P.O. BOX)

1487 Yosemite Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas Ca 95035 408-942-1110

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Armando Gomez

MAILING ADDRESS

1487 Yosemite Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 408-942-1110

OPTIONAL: FAX / E-MAIL ADDRESS

Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Marsha Grilli

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Milpitas City Council

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

X

SUPPORT OPPOSE

Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/21/14	Advertisers Mailing Service 1725 De la Cruz Blvd., Ste 6 Santa Clara, CA 95050	Campaign Lit and Mailing	\$5,194.00	\$19,740.52
10/21/14	Kimberly Oliver 5532 Sweigert Road San Jose, CA 95132	Campaign Lit and Mailing	\$500.00	\$19,740.52
10/21/14	Istock Photo 1240 20th Ave. Calgary, Alberta Canada	Campaign Lit and Mailing	\$87.50	\$19,740.52

FPFC Form 465 (June/09)

FPFC Toll-Free Helpline: 866/ASK-FPFC (866/275-3772)

Supplemental Independent Expenditure Report

Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period

Date Stamp

CALIFORNIA
FORM

465

from 10/19/14

through 12/31/14

Date of election if applicable:
(Month, Day, Year)

11/4/14

Page 2 of 3

For Official Use Only

☐ Amendment (Explain Below)

Committee/Filer Information

I.D. NUMBER (If recipient committee)

1372214

COMMITTEE/FILER'S NAME

Committee to Support Grilli and Lalwani for City Council 2014

STREET ADDRESS (NO P.O. BOX)

1487 Yosemite Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas Ca 95035 408-942-1110

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Armando Gomez

MAILING ADDRESS

1487 Yosemite Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 408-942-1110

OPTIONAL: FAX / E-MAIL ADDRESS

Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Marsha Grilli

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Milpitas City Council

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

X

SUPPORT OPPOSE

Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/24/14	Advertisers Mailing Service 1725 De la Cruz Blvd., Ste 6 Santa Clara, CA 95050	Campaign Lit and Mailing	\$1,952.48	\$19,740.52
10/24/14	Kimberly Oliver 5532 Sweigert Road San Jose, CA 95132	Campaign Lit and Mailing	\$250.00	\$19,740.52

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	CALIFORNIA FORM 465 Page <u>3</u> of <u>3</u> I.D. NUMBER (if recipient com.) <u>1372214</u>
---	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Support Grilli and Belwani City Council 2014

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 7,983.98
2. Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0
3. Total independent expenditures made this period (Add Lines 1 + 2.) TOTAL \$ 7,983.98

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

City Clerk, City of Milpitas
ADDRESS (NO. AND STREET)

455 E Calaveras Blvd
CITY STATE ZIP CODE

Milpitas CA 95035

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/01/2015
DATE

Executed on 02/01/2015
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT